

TRAVEL EXPENSE CLAIM

08/09

See Instructions and *Privacy

Statement on Reverse Side


STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

CLAIMANT'S NAME Laura N. Chick		SSN or EMPLOYEE NUMBER*		DEPARTMENT Planning & Research	
POSITION Inspector General	CB/D No. exempt	DIVISION or BUREAU Governor's Office		INDEX NUMBER 226	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1400 Tenth Street		TELEPHONE NUMBER	
CITY Sacramento		STATE CA		ZIP 95814	

(1) MONTH/YEAR June 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N.C., RELO. OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
6/1	15:00	San Francisco	161.83			18.00	44.20	B	1.50			225.53	
6/2	18:00			3.40	10.00							13.40	
(10) SUBTOTALS			161.83	3.40	10.00	18.00	44.20		1.50			238.93	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												238.93	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Meetings with U.S. Attorney Russoniello and SF City Controller Ben Rosenfeld.		(12) NORMAL WORK HOURS	
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED 0.55	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and cost-benefit.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE	DATE 6-11-09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 6/11/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

Riders  Baggage ☐


Name of Passenger
ICK/LAURA

From
SACRAMENTO, CA
To
EMERYVILLE, CA
Carrier Train Date
2V

Accom Space/Car
U UNRESERVED

Form of Payment
P22.101K 2269
Rail Fare \$22.10 Accom Charge \$0.00
Fare Plans CJ Total \$22.10

DCC
Ticket Number 29101465943 No. of 01
Date of Issue JUN09 Reservation # 11A6C8
PASSENGER RECEIPT

Riders  Baggage ☐


Name of Passenger
ICK/LAURA

From
EMERYVILLE, CA
To
SAN FRAN-FINCL, CA
Carrier Train Date
2V 6643 01JUN09

Accom Space/Car
T RSVD THRUWAY

Form of Payment
P22.101K 2269
Rail Fare \$0.00 Accom Charge \$0.00
Fare Plans CJ Total \$22.10

DCC
Ticket Number 29101465950 No. of 02
Date of Issue JUN09 Reservation # 11A6C8
PASSENGER RECEIPT

Riders  Baggage ☐


Name of Passenger
ICK/LAURA

From
SAN FRAN-FINCL, CA
To
EMERYVILLE, CA
Carrier Train Date
2V 3336

Accom Space/Car
G UNRSVD THRWY

Form of Payment
P22.101K 2269
Rail Fare \$22.10 Accom Charge \$0.00
Fare Plans CJ Total \$22.10

DCC
Ticket Number 29101465968 No. of 01
Date of Issue JUN09 Reservation # 11A6C8
PASSENGER RECEIPT

Riders  Baggage ☐

Name of Passenger
ICK/LAURA

From
EMERYVILLE, CA
To
SACRAMENTO, CA
Carrier Train Date
2V

Accom Space/Car
U UNRESERVED

Form of Payment
P22.101K 2269
Rail Fare \$0.00 Accom Charge \$0.00
Fare Plans CJ Total \$22.10

DCC
Ticket Number 29101465976 No. of 02
Date of Issue JUN09 Reservation # 11A6C8
PASSENGER RECEIPT



Hyatt Regency San Francisco
5 Embarcadero Center
San Francisco, CA 94111 USA
415.788.1234
FAX 415.398.2567

Guest Account

Room	Rate	Arrive	Depart	Folio No.	Account	Affiliation	FF	ID	Page
1144	140.00	06/01/09	06/02/09	418759	2 CCARD	4-GSDS	11	JJB	1

CHICK LAURA 01:51 AKH 1/0
1400 10TH ST. ** DEPARTED **

SACRAMENTO CA 95814

RES NO: HH-904992-1 SPIRIT: 26645381 -02 XXXXXXXXXXXXX2269 XX/XX

Date	Code	Reference	ID	Description	Charges	Credits	Balance
0601	114	Rm 1144	JDL	DISCOUNT ROOM	140.00		140.00
0601	811	Rm 1144	JDL	*ROOM TAX	19.60		159.60
0601	812	Rm 1144	JDL	*CA TOURISM ASMT	.13		159.73
0601	814	Rm 1144	JDL	*TOURSM DIS ASSM	2.10		161.83
0602	932	Exxx/xx	JJB	XXXXXXXXXXXX2269		-161.83	.00
				TOTAL			.00
				MASTERCARD	67040270019		
No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.							

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

 * Customer Copy *

Mijita
 One Ferry Building #44
 San Francisco, CA 94111
 415 - 399 - 0814

Tadich Grill
 240 California St
 San Francisco, CA
 415-391-1849

1001 Cashier

Chk 1447 Jun02'09 01:12PM

Date: 06/01/09
 Time: 7:50 PM
 Server: 56. Janis
 Order: 694239
 Description: Table 34

Card Type: Visa/MC
 Card No: XXXXXXXXXXXX2269
 Appr Code: 11381Z

For Here
 1 Taco-Carne Asada 4.25
 1 Ensalada Jicama 4.00
 Charge Tips 1.00
 XXXXXXXXXXXX3889 XX/XX
 Visa 10.05
 Subtotal 8.25
 Tax 0.78
 Service Chg 1.00
 Payment 10.05

Purchases: \$ 47.09

Tip: \$

Total: \$
 CHICK/LAURA N

I agree to pay the above total amount
 according to the card issuer agreement.

PONTE ROMA
 5885 HORTON ST.
 EMERYVILLE, CA. 94608

(510) 594-9876

REG 06-02-2009
 C01 MC #01 132536

1 SM COFFEE OF THE DAY \$1.70
 1 SM COFFEE OF THE DAY \$1.70
 TOTAL \$3.40
 CASH \$5.40
 CHANGE \$2.00

THANK YOU

Banker
from City Hall to Hotel
2
 JUN 09
 CONTROL NUMBER
 NOT FOR SALE
 KEEP
 THIS TRANSFER/
 FARE RECEIPT
 AS PROOF
 OF PAYMENT
 7
 8 USE FOR TRAVEL :00
 9 UNTIL TIME
 10 INDICATED :30
 11
 12
 1
 2
 3
 4 :00
total \$150.00